U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

No. Company	
1. File Number U - 1222	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Morris D Smith	Name Plumbers & Pipefitters Local Union #155
	Labor Organization File Number 042317
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5311 Timber Creek Circle	Street 1223 West Markham
City North Little Rock	City Little Rock
State Arkansas ZIP Code + 4	State Arkansas ZIP Code + 4 72201
5. Position in labor organization. Examining Committee Member	
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	tion represents or is actively seeking to represent.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.B. Miloune
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Maris D. Smith	On 8-11-05 (501) 562-4482
1 /	Date Telephone Number

Name of Person Filing Morris Smith	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Arkansas Pipe Trades Health & Welfare Fund		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1300 South Meridian, Suite 200	c. Employer	
City Oklahoma City		
State Oklahoma ZIP Code + 4 73108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Arkansas Pipe Trades Health & Welfare Fund		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1300 South Meridian, Suite 200	11.b. Approximate dollar value of such dealing.	
City Oklahoma City	12.a. Nature of interest held or income received.	
State Oklahoma ZIP Code + 4 73108	International Foundation Conference as Trustee - New Orleans Louisiana - 11/30/2004-12/04/2004	
	12.b. Amount. \$3,493	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	